

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3						
4						
5		1				
6						
7						
8		1				
9						
10		1				
11						
12						
13	)					
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18						
19		1				
20	1					
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31		1				
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46						
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	28					
TOTAL CLAIMS	31					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						